

Provider Update

A Publication of BreastCare

You're the Reason

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Third Party Liability

Women in Plan B have some form of insurance other than BreastCare. Therefore, their insurance must be billed before billing BreastCare. All claims billed for clients with Plan B will now be rejected if no TPL information is entered. The error code is 3750 and the message will be "Client's TPL carrier must be billed before BreastCare."

Reminder for Colposcopy Providers

The Centers for Disease Control and Prevention (CDC) requires that follow-up after an abnormal Pap test be completed within 60 days. Please take this into consideration when a referral is made for colposcopy with or without biopsy. The client is referred based on BreastCare's protocol, which requires a colposcopy/biopsy of a LGSIL or more severe Pap result. A consultation on the initial visit is not acceptable when the referral is for colposcopy. Please help us cut down the delay in reaching a final diagnosis for these patients.

ThinPrep and HPV Tests, Effective July 1, 2007

Beginning July 1, 2007, BreastCare will provide liquid-based Pap tests (ThinPrep) and HPV DNA High-Risk

testing for follow-up for Pap test results of ASC-US for BreastCare patients only. Thin-Prep will replace the conventional Pap tests for these patients.

The laboratory automatically performs the HPV DNA High-Risk reflex test on all **ASC-US Pap results**. This test is done from the original Pap test specimen. The BreastCare ID# **must** be entered on the requisition form to enable the laboratory to bill BreastCare and to obtain Pap results for the BreastCare database. Reimbursement of screening for low risk genotypes of HPV is not permitted.

The provider is responsible for assuring that all Pap and HPV test results are received from the lab. The Pap test and HPV Log (BC-7) are tools to help ensure that results are received. A copy of the log can be obtained from the BreastCare Web site at ArBreastCare.com. When the HPV DNA High-Risk test is reported as positive, the client is referred to the regional Care Coordinator. The BreastCare Care Coordinator Referral Form (BC-2) can also be obtained on the BreastCare Web site. The Care Coordinator makes a colposcopy appointment for the patient and provides the required follow up. When the HPV DNA High-Risk test is

reported as negative, the client receives another Pap test in one year.

Liquid-based Pap tests (LBT) are reimbursed every two years following negative results. After three consecutive negative Pap results with LBT, screening frequency is reduced to every three years. **Exception:** Women who have had a hysterectomy for cervical cancer receive a liquid-based Pap test every year. Conventional Pap tests and liquid-based Pap tests cannot be alternated. The patient receives a conventional Pap test every year **or** a liquid-based Pap test every two years. A conventional Pap test will not be reimbursed if the patient had a liquid-based Pap test in the previous year. A flow chart with guidelines for Pap and HPV testing can be found on the BreastCare Web site.

Renew Your Provider Agreements by July 1, 2007

If you have not already done so, please renew your Public Health Service Agreement with BreastCare immediately. A new agreement took effect July 1, 2007. If you have misplaced your agreement or do not recall receiving one, it is available on the BreastCare Web site at ArBreastCare.com. You may also get a replacement agreement by calling 1-800-464-0599, ext. 280-4097, or by

e-mailing Becky Kossover at
Becky.Kossover@arkansas.gov.

ATTENTION BILLERS: Submit All Claims for FY07 by August 15

Please remember that all claims for services rendered to BreastCare patients between July 1, 2006 and June 30, 2007 must be submitted for payment by August 15, 2007 in order for the program to pay. As stated in the BreastCare policies and procedures, the provider is prohibited from billing the patient for services, should untimely filing not enable the program to pay. The claim then becomes the responsibility of the provider, with no exceptions.

How are we doing?

BreastCare strives not only to provide excellent service to our clients, but also to our providers. This newsletter is one way we are striving to meet the needs of our providers by providing clear, consistent communication.

Help us serve you better,
by providing feedback on
this newsletter to Dianne
Crippen, RN, Program Nursing
Coordinator at
Dianne.Crippen@arkansas.gov.

New CME Opportunities For Breastcare PCPs And Nurses

These five self-directed, interactive training modules are designed to review the latest knowledge and research findings on the presentation and management of common breast problems, with particular emphasis on assessment and early diagnosis. These modules were developed by the **Centers for Disease Control and Prevention Division of Cancer Prevention and Control (CDC)** and endorsed by the **American College of Obstetricians and Gynecologists (ACOG)** and acknowledged by the **Food and Drug Administration (FDA)**. The modules were edited and certified for CME credit by Medscape. The CME/CE hours range from one to 1.25 hours for each module for physicians and nurses.

CME/CE Activities:

- **CME/CE Breast Anatomy, Physiology and Pathology**

Understanding breast anatomy, physiology and pathology is essential for follow-up of abnormal findings.

- **CME/CE Health History and Clinical Breast Examination**

Assessing clinical history and performing a thorough clinical breast examination are essential to managing risk and preventing a delayed diagnosis of breast cancer.

- **CME/CE Workup of Abnormal Clinical Findings**

Assessing and documenting clinical findings that are suspicious for cancer are essential for timely and appropriate follow-up. The primary care clinician must also correlate the clinical findings with imaging findings to determine the appropriate plan of action to prevent a delayed diagnosis of breast cancer.

- **CME/CE Follow-up of Abnormal Clinical Findings - Biopsy Methods**

Understanding breast imaging findings is essential for correlation with clinical findings and subsequent plan of action to prevent a delay of diagnosis of breast cancer.

- **CME/CE Risk Management**

Primary care clinicians can help ensure that women receive timely and appropriate follow-up by practicing risk management strategies developed from common causes of delay of diagnosis of breast cancer.

These and other CME opportunities may be accessed at ArBreastCare.com under the 'Just for Providers' section.

Source: <http://www.medscape.com/editorial/public/breastcancer-cdc> and *Medscape Ob/Gyn & Women's Health*.

BreastCare Program Director

Barbara Hager, MPH
501-661-2495

BreastCare Nursing Coordinators

Dianne Crippen, RN
501-661-2636

Tina Patterson, RN
501-661-2018

BreastCare Care Coordinators

Debby Harris, RN
Northwest Region
479-498-4549 office
501-425-3054 cell

Lisa Southard, RN
Northeast Region
870-236-9920 office
501-425-3031 cell

Polly Lockett-Fox, RN
Central Region
501-791-8551 office
501-944-2241 cell

Julie Huntley, RN
Southwest Region
870-773-5009 office
479-234-1114 cell

Fran Kirk, RN
Southeast Region
870-630-3228 office
501-837-9648 cell

BreastCare Enrollment Center

1-877-670-CARE (2273)


Say Yes to a Mammogram!
www.ArBreastCare.com